

Request for Professional Services Expenditures

By the Arkansas Public Defender Commission

(ALL fields are required)

Date: [Click here to enter a date.](#)

Requesting Attorney: _____ District: _____

Required Info

Defendant Name: _____

Charges: _____

Case number: _____

County: _____ Judge: _____

Type Expenditure Requested – see www.arkansas.gov/apdc/providers.index.html for hourly compensation ranges

_____ Investigator

_____ Interpreter Type: Choose an item.

_____ Expert Witness

_____ Appointed Attorney

_____ Mitigation Specialist

_____ other, specify

Requested Payee:

Name _____ Address _____

Email _____ City, State, ZIP _____

***First time providers should reference the following link to complete required documents in order to receive payments from the State of Arkansas. www.arkansas.gov/apdc/providers/index.html*

Proposed date of expenditure: _____

Cost estimate: _____

Why is this expenditure necessary?

Please include any available documentation supporting estimate.

For expense reimbursement requirements –please refer to the following website at: <http://www.arkansas.gov/apdc/providers/index.html>

Please fax this request to Jacque Alexander or Debra Bumpass at 501-682-9073 or 501-682-9023.

Approved on _____ by _____